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1:19-cv-466Paul L. Maloney  
United States District Judge8  
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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN

DON R. BUDD, IN PRO SE  
100 Minges Creek Place, F-111  
Battle Creek, Michigan 49015-4285  
**TTY ONLY** (269) 979-8516,

Plaintiff,

v.

(1) SUMMIT POINTE  
140 West Michigan Avenue  
Battle Creek, Michigan 49017  
Voice (269) 966-1460

(2) SUMMIT POINTE SOUTH  
3630 Capital Avenue, SW  
Battle Creek, Michigan 49015  
Voice (269) 979-8333,

(3) BATTLE CREEK HEALTH  
SYSTEMS (now dba: BRONSON  
HEALTHCARE GROUP)  
601 John Street  
Kalamazoo, Michigan 49007  
Voice (269) 341-8721,

(4) Fieldstone Center (now dba:  
BRONSON BEHAVIORAL HEALTH  
SERVICES)  
165 North Washington Avenue  
Battle Creek, Michigan 49017,  
Does 1-100, Defendants.

No.

**COMPLAINT****ISSUES:**

1. **ADA, Title III (42 U.S.C. section 12182)**
2. **Section 504 (29 U.S.C. section 794)**
3. **Persons with Disabilities Civil Rights Act  
(MA 220 of 1976 Sec. 37.1101-1607)**
4. **Medical Malpractice (MCL 600.2912)**
5. **False/Unlawful Imprisonment  
(Restatement (2<sup>nd</sup>) of Torts, Section 31)**

1       Here comes the Plaintiff, Don R. Budd in Pro Se, not of free will but out  
2 of necessity, since discrimination also extends to law offices in the District of  
3 Michigan. None will accept a Deaf client. The only ADA Attorney in Battle  
4 Creek claims they fight the ADA, not enforce it. Disability Rights Groups all  
5 tell me my issues are not worth their resources and therefore, will not take  
6 my complaints.

7       Because of the issues raised in the **Case Background** Section of this  
8 complaint, the problems cannot be decided by a Magistrate or Arbitrator. The  
9 US Secret Service's threat of "Must be found Mentally Ill or deemed a  
10 Terrorist" cannot resolve by a lower level judge or arbiter.

11       Please, assign to the District Judge with authority to resolve such  
12 issues and place the Plaintiff under the Court's protection should it deem  
13 necessary to protect the Plaintiff and technology from government seizure.

14       **Jurisdiction**

15       "The district courts shall have original jurisdiction of all civil actions  
16 arising under the Constitution, laws, or treaties of the United States." (28  
17 U.S.C. section 1331) Since the laws in question are the requirements of the  
18 Americans With Disabilities Act (ADA), Title III (42 U.S.C. section 12182  
19 "Prohibition of discrimination by public accommodations") and Section 504 of  
20 the Rehabilitation Act (Section 504)(29 U.S.C. section 794) this district court  
21 has jurisdiction under 28 U.S.C. section 1331.

22       "Except as provided in subsections (b) and (c) or as expressly provided  
23 otherwise by Federal statute, in any civil action of which the district courts  
24 have original jurisdiction, the district courts shall have supplemental  
25 jurisdiction over all other claims that are so related to claims in the action  
26 within such original jurisdiction that they form part of the same case or  
27 controversy under Article III of the United States Constitution. Such

28

1 supplemental jurisdiction shall include claims that involve the joinder or  
2 intervention of additional parties." (28 U.S.C. section 1367) Because the  
3 underlying issue of Medical Malpractice is a State jurisdiction and  
4 substantially related to the Federal Issues of this complaint, this district court  
5 has supplemental jurisdiction over the Medical Malpractice Issue as well.

6 **Case Background:**

7 This case arose out of a response to President George W. Bush's  
8 request for ideas to Protect the United States after the events of 9/11/2001.  
9 Within 2 weeks after submitting my technology summaries, I returned to my  
10 Reno, Nevada, home to see a Soldier in Summer uniform climbing out of my  
11 bedroom window. I was unable to confront the intruder. I learned he had  
12 installed a backdoor on my computer and did other actions in my home. The  
13 evidence will be presented in court.

14 I traced the backdoor first to IBM. After notifying my coworkers on the  
15 project of the threat, it changed to the US Naval Research Laboratory. The  
16 evidence will be presented in court.

17 I moved from Reno, Nevada, to Battle Creek, Michigan, in July 2003,  
18 the surveillance continued. Two cars were noted as hanging around my  
19 home. I took down their license plate numbers and showed the numbers to a  
20 Kalamazoo Sheriff Deputy, who lived below me, he stated they were both  
21 government vehicles. That was all that was listed for them.

22 After notifying the Emmett Township Police about the problems, an  
23 officer and a man, Michael Cupp, claiming to be an IT Specialist, came to my  
24 home. The officer ordered me to show Cupp one of my projects. While I was  
25 complying with the order, the officer left the table. When I looked to see  
26 what he was doing, I saw he was going through cabinets, refrigerator, and  
27 other things. There was no interpreter present. I told them to leave because  
28 it was an illegal search of my home (Violation of the 14<sup>th</sup> Amendment of the

1 US Constitution, Illegal Search and Seizure Clause). Mr. Cupp is now a  
2 Psychologist for Summit Pointe South.

3 On or about May 12, 2006, Officer Rugg of Emmett Township Police  
4 came and took me without explanation or interpreter from my home to Battle  
5 Creek Health System (now dba Bronson Healthcare Group). I was handcuffed  
6 and transported as a criminal without explanation from there to Fieldstone  
7 Center (now dba Bronson Behavioral Health Services), the local Mental  
8 Hospital. I was seen by Dr. Georgina Srinivas Rao, of Middle Eastern descent.  
9 There was a Sign Language Interpreter present. I was told that I was being  
10 evaluated for mental illness based on the officer's note that I spent more  
11 money on technical texts than on food. How was that a ground's for putting  
12 someone in a mental hospital? Technological books are more expensive.  
13 Before Dr. Rao released me, I was asked to meet her for another interview.

14 At the second interview with Dr. Rao at Behavioral Health Resources  
15 (now DBA Summit Pointe South) on or about June 1, 2006, I still was not  
16 informed of what was going on other than the officer claimed I spent too  
17 much on books and not enough on food. This time my brother was present.  
18 She asked if she could speak with him alone. I still do not know what she  
19 talked to him about, but it seems he was brought into the scheme that was  
20 to play out.

21 After this, I learned my home had been bugged, wiretapped, and  
22 cameras installed. All, of course, was denied. Then in early June 2006, a  
23 Secret Service man, "Jason," came from the Grand Rapids office to speak  
24 with me through a Sign Language Interpreter, Roxann Duncan.

25 He explained to me that someone in Washington, DC claimed to have  
26 received a threat against the President from me. He stated that I must either  
27 be found mentally insane, or I will be deemed a terrorist and be taken to an  
28 unknown location for the rest of my life. I told him I never made the threat.

1       From that point to June 28, 2006, people started to hang around my  
2 home. I documented this and showed it to the Kalamazoo Sheriff Deputy,  
3 who verified that they were government vehicles and people. The Emmett  
4 Township Police had other excuses like one man was a Post employee having  
5 lunch in front of my home. Post Foods was some 4 to 5 miles away. No one  
6 had ever gone there in the back 40 of an apartment complex to have lunch.  
7 The other suddenly left when he saw me looking at him with a camera.

8       I tried to tell my brother what was happening, but uncharacteristically  
9 of him, he refused to look at the evidence. He could have seen it all over the  
10 apartment. He sided with the others, who eventually led me to a pond  
11 located over a half-mile in the woods, far from anyone's usual presence.

12       On or about June 28, 2006, under threat that I would be deemed a  
13 terrorist and vanish if I did not play along with the scheme, Cupp had me get  
14 into the pond and wade. When he was done, I was told to go back. On the  
15 way, I met 5 men all wearing red polo shirts with the words "Renaissance  
16 Faire." The Faire was in the area at the time. They told me I was to be taken  
17 to Vandenburg AFB in California where I would live out my life in prison.

18       The Emmett Township Police arrived with 2 officers, one was Officer  
19 Rugg and the other was unnamed. They took me in the rescue ambulance  
20 and started to threaten me. I had to keep my feet in a prescribed manner, or  
21 I would be "Castrated." The threats continued all the way to the main  
22 hospital.

23       There I was ordered to dress in a hospital gown and keep my feet as  
24 prescribed. Most, I could not understand. There was never any interpreter. I  
25 was threatened repeatedly by staff, who later belonged to Fieldstone Center.

26       Finally, before I was transferred to Fieldstone Center, a doctor, who I  
27 could not make out the name, handed me only the signature page and she  
28 pointed to the place to sign. I was not allowed to read the document. I was

1 threatened more to sign. I signed the document under duress and threat of  
2 death. The document must be deemed null and void.

3 **ISSUE 1: VIOLATION OF ADA, ISSUE 2: SECTION 504, ISSUE 3:**  
4 **MICHIGAN PERSONS WITH DISABILITIES CIVIL RIGHTS ACT 220**

5 After I was transferred to Fieldstone Center and met Dr. James Gandy,  
6 who took me into the interview room without an interpreter. I could not  
7 understand much of what was going on. I told him I was Deaf and needed a  
8 Sign Language Interpreter. I handed him two medical reports: (1) showing  
9 my deafness (by Drs. J. Preston and Donald M. Nockleby) and (2) showing  
10 my right shoulder and arm are severely damaged (by Dr. Aubrey A. Swartz).  
11 Dr. Gandy did not read either. He simply set them aside and continued the  
12 interview without complying with the ADA, Michigan Persons with Disabilities  
13 Act 220 of 1976, or Section 504 requirements to provide an ASL Interpreter.

14 It did not matter how I responded, the diagnosis was already made  
15 before we even met. Dr. Gandy also refused to examine any of the evidence  
16 I attempted to provide showing the reality of the events leading up to this  
17 meeting. Dr. Gandy seemed distant and cold. He ordered something, which I  
18 later learned was 1MG of Risperdal. At the time, I could not understand why I  
19 was being given medication. I later learned when Dr. Gandy gave me a book  
20 entitled, "Surviving Schizophrenia" by E. Fuller Torrey, MD.

21 I read the book to find out what was going on. As I read the criteria for  
22 Schizophrenia, which could be applied to anyone the doctor chose.

23 I was subjected to several diagnostic tests, of which none showed any  
24 sign of Schizophrenia. I also began to have a very unnerving reaction to the  
25 Risperdal. I informed Dr. Gandy that I was becoming so restless that I felt  
26 like I was coming out of my skin. He only raised the dose and the symptoms  
27 magnified. So, he raised it again. The symptoms continued to worsen. Now,  
28 even though I have been off Risperdal for 13 years, I cannot relax or sit still.

1 I go for days, even months with very little sleep. I have now been diagnosed  
2 with **Tardive Dyskinesia (Akethasia)** which is the involuntary restlessness  
3 and uncontrollable movements I must now live with for the rest of my life  
4 because of a chemical change in my brain.

5 Through all the doctor visits and workshops for the 3 weeks, I was  
6 falsely imprisoned in the mental hospital, I was never once allowed to have  
7 access to an interpreter or a TTY to call family or anyone else, although the  
8 hearing patients were allowed free access to the two voice phones. I asked  
9 for a TTY but was denied. My rights were discarded entirely for the whole  
10 time I was in the hospital.

11 I tried, to no avail, to go through the Michigan Department of Civil  
12 Rights and Fieldstone Center claimed they had 13 people claiming I  
13 understood fine. My doctors' report showing not one, but two doctors who did  
14 extensive testing diagnosed me with the inability to process sound.  
15 Fieldstone's staff are not qualified to make such a decision. Yet, the State of  
16 Michigan accepted their excuse. The problems with the Michigan Department  
17 of Civil Rights choosing to ignore discrimination and blackmail of Deaf citizens  
18 has been turned over to the US Department of Justice for Violations of Title II  
19 of the ADA and Section 504 as well as blackmailing Deaf people into useless  
20 agreements MDCR refuses to enforce.

21 Title 42 U.S.C. section 2000d states "No person in the United States  
22 shall, on the ground of race, color, or national origin, be excluded from  
23 participation in, be denied the benefits of, or be subjected to discrimination  
24 under any program or activity receiving Federal financial assistance." The list  
25 of persons protected was increased to include those with disabilities in  
26 Executive Order 13160, June 3, 2000, 65 F.R. 39775, and also the ADA  
27 (1990). This includes those with Hearing Impairments.

28

1 For the Defendants to receive Federal funds, they must agree to abide  
 2 by the requirements of Federal standards. Failure to comply exposes the  
 3 Defendants to Judicial review as to their ability to continue to receive Federal  
 4 funds and/or repay all Federal funds received by the Defendants. (42 U.S.C.  
 5 section 2000d-2)

6 These standards require the Defendants to provide Sign Language/Oral  
 7 Interpreters, assistive listening devices, TTYs, Videophones, and other  
 8 accommodations for the Hearing Impaired Patients/Customers. The  
 9 Defendants repeatedly failed to provide these accommodations to the  
 10 Plaintiff. Even now, after 13 years of being on notice, the Defendants have  
 11 continued to fail to provide accommodations at every appointment. They only  
 12 provide interpreters occasionally.

13 On October 30, 2018, when asked why there was no interpreter for  
 14 me, Tanesha Sanders told me (African-American, Female, support staff), "I  
 15 requested one, but no one responded." The law states, "Provide" not  
 16 "Request" an interpreter. This requires due diligence, meaning all steps must  
 17 be taken to secure an interpreter for every appointment.

18 On October 31, 2018, I requested a letter from Dr. Gandy regarding  
 19 my Hearing Impairment. I did not hear from anyone for a week. So, I  
 20 returned to Summit Pointe South on November 7, 2018, to find out what was  
 21 happening. I needed the document for a case before the Michigan  
 22 Department of Civil Rights. They told me there was a problem, but no one  
 23 informed me, and no one intended to notify me. I was just let go. I had to go  
 24 to Summit Pointe central office downtown. It took until February 28, 2019, to  
 25 get the letter from Dr. Gandy. Problems included not knowing to call me  
 26 through the Relay (711) and that my phone number was "(111) 111-1111"  
 27 (notified by Amber Whoolery of Summit Pointe Compliance Office – now  
 28 replaced). No attempt was ever made in 13 years to verify my phone number

1 despite the apparent error. All phone numbers are assumed Voice numbers  
2 by staff. They must contain numbers by type of phone wherever the phone  
3 number appears. I ended up losing the case because of the incompetence of  
4 the Defendants and their failure to accommodate a Deaf Patient/Customer.

5 The Defendants refused to accommodate the Hearing Impaired, and as  
6 far as I know, I am the only one they service. All advertisements on TV they  
7 ever used excluded the Deaf Community by not using captions or interpreters  
8 and minimal printed words. Their focus is strict to the Hearing Community.  
9 Their staff is not trained to deal with the Hearing Impaired, and their  
10 computer systems do not accept phone numbers for TTY, Videophone,  
11 Textphone, or other types of technology the Deaf must depend upon to  
12 communicate. So, all staff assumes all numbers are Voice.

13 Since Schizophrenia and other Mental Disorders are culturally based,  
14 they failed to accommodate the culture of the Deaf Community and diagnose  
15 a Deaf person as having "Paranoid Schizophrenia" according to the Hearing  
16 culture when in fact the person does not have "Paranoid Schizophrenia"  
17 according to Deaf culture. The Defendants' doctors and staff have no training  
18 to deal with the Deaf Community, and therefore the diagnosis I have been  
19 given cannot stand as it violates my civil rights and is based on prejudice  
20 rather than medical facts. This prejudice has caused irreversible brain  
21 damage, which is inexcusable. All attempts to change medications have failed  
22 to calm the **Tardive Dyskinesia (Akethasia)**. There is still no medical  
23 evidence that I have any form of Schizophrenia. Once I was in the mental  
24 hospital, all the games stopped and nothing ever happened again, even  
25 before the medications began. Therefore, medicines are not affecting the  
26 "Disease." There is no disease present.

27 The diagnosis is false and based on players in a scheme to silence me  
28 and keep others from believing in the technology I developed. This

1 technology will be presented in court.

2 **ISSUE 4: MEDICAL MALPRACTICE**

3 "Sec. 2912 (1) A civil action for malpractice may be maintained against  
4 any person professing or holding himself out to be a member of a state  
5 licensed profession. The rules of the common law applicable to actions  
6 against members of a state licensed profession, for malpractice, are  
7 applicable against any person who holds himself out to be a member of a  
8 state licensed professional.

9 (2) Malpractice may be given in evidence in defense to any action for  
10 services rendered by the member of a state licensed professional, or person  
11 holding himself out to be a member of a state licensed profession." (MCL  
12 600.2912)

13 Notice of Medical Malpractice Action against the Defendants Now Given.  
14 As MCL 600.2912b requires Notice of a Medical Malpractice Action is given  
15 before the commencement of such an action. Since the Case has been filed  
16 with the U.S. Department of Justice since December 28, 2018, and no  
17 response has been forthcoming, I must file myself before the 300-day statute  
18 of limitations expires. State law (MCL 600.2912b) requires 182 days of notice  
19 before an action can take place. The two laws herein conflict with each other.  
20 Since the main focus of the Complaint the Federal Issues 1 and 2 and  
21 Michigan State Issue 3, this Complaint must be filed before the 182 days  
22 end. So, comingled is the Medical Malpractice Issue with the Federal Issues,  
23 all four issues must be handled together.

24 Because I do not have the luxury of legal counsel, I must do all the  
25 work myself, and this takes time to find all the applicable laws, Federal and  
26 State. I must first go by Federal Deadlines as they hold the priority and then  
27 State law, which is secondary.

28

1           The facts of the Complaint meet the requirements for MCL  
2 600.2912b(4)(a)-(f). The Medical Malpractice Issue arises out of the refusal  
3 or failure to provide the Sign Language Interpreter and therefore have  
4 adequate communication between Doctor and Patient. This poor  
5 communication led to the injury of **Tardive dyskinesia (Akathisia)**, a life  
6 long debilitating condition.

7           Had there been proper communication and the inclusion of the Deaf  
8 Culture in the diagnosis process, this condition and the false diagnosis could  
9 have been avoided. Here are the four elements of Medical Malpractice.

10           **A. Doctor/Patient Relationship**

11           When I entered Fieldstone Center, the Mental Hospital, I was seen  
12 by Dr. James Gandy. This established the Doctor/Patient  
13 Relationship that continues today, although I now see him at  
14 Summit Pointe or Summit Pointe South. I had also been treated by  
15 several other doctors and staff over the years who all depended  
16 upon Dr. Gandy's diagnosis. None of them ever questioned his  
17 diagnosis, or the methods used to make the diagnosis. My  
18 objections were met with telling me I lacked affect, meaning I had  
19 no knowledge of the presence of the disease. Nothing I said or tried  
20 to present made any difference to anyone. The diagnosis was set  
21 before I ever met Dr. Gandy.

22           The only reason I went along with the game was that I was told I  
23 was under a Federal court order to be treated for a mental disorder  
24 or be deemed a terrorist. I had no choice but to accept my situation.

25           **B. Doctor Negligence**

26           Because of Issue 1: Violation of the ADA, Issue 2: Section 504 and  
27 Issue 3: Michigan Persons with Disabilities Act 220, there was no  
28 proper communication between Dr. Gandy and the Plaintiff or any of

1 the other doctors and staff for the 3 weeks the Plaintiff was in the  
2 mental hospital under false pretenses. Because of the lack of proper  
3 communication, there cannot be an appropriate diagnosis of a  
4 mental disorder.

5 Since the diagnosis of Paranoid Schizophrenia is culturally based,  
6 the basis of the diagnosis must be the Deaf Community rather than  
7 the Hearing Community. I am Deaf, not Hearing. Dr. Gandy was  
8 presented with the medical evidence of my deafness. However, he  
9 declined to include it in his evaluation. This is substandard medical  
10 care. Even today, my deafness is not included in any assessment. It  
11 does not matter rather or not, I have an interpreter present for the  
12 review. It still goes on.

13 I have a terrible reaction to every medication the doctors and staff  
14 try. Still, I am said to be "Paranoid Schizophrenic." There is no  
15 medical proof I have the condition at all. Just vague generalities that  
16 can be applied to anyone the doctors choose. All evidence I tried to  
17 show that the events were real was denied and refused to even  
18 examine. The diagnosis was decided before I ever met Dr. Gandy.  
19 This is by nature, Medical Malpractice.

20 According to "Jason" of the US Secret Service, Grand Rapids,  
21 Michigan, Summit Pointe was contracted to find me either mentally  
22 ill or a terrorist. The Defendants had adverse motivation to come up  
23 with this diagnosis despite any and all evidence to the contrary I  
24 attempted to present. This is medical negligence.

25 **C. Injury to Specific Damages**

26 "The diagnosis of **Tardive Dyskinesia (Akethasia)** has never been  
27 disputed. It is a side effect of antipsychotic medications. These drugs  
28 are used to treat schizophrenia and other mental health disorders.

1                   **Tardive dyskinesia** causes stiff, jerky movements of your face and  
2                   body that you can't control. You might blink your eyes, stick out your  
3                   tongue, or wave your arms without meaning to do so.

4                   **Tardive dyskinesia** can be hard to diagnose. Symptoms might not  
5                   appear until months or years after you start taking antipsychotic  
6                   medicine. You can get **tardive dyskinesia** (TD) if you take an  
7                   antipsychotic drug, usually for three months or more. But there've  
8                   been rare cases of it after a single dose of an antipsychotic medicine."

9                   **These quotes from WebMD give an idea of what Tardive**  
10                   **dyskinesia is and what causes it.**

11                   The response to drugs like Respirdal, in my case, was acute. When I  
12                   first started to have problems with **Tardive dyskinesia**, I told Dr.  
13                   Gandy the best I could. He was aware of the issues with the medication  
14                   and the risks. This was not passed on to me as there was never an  
15                   interpreter present. This lack of proper communication between Doctor  
16                   and Patient rose to substandard medical care. Unable to communicate  
17                   correctly what was happening, Dr. Gandy doubled the dose from 1 MG  
18                   of Respirdal to 2 MGs of Respirdal a day instead of changing to one of  
19                   the many alternative drugs. The problems did not decrease. Instead,  
20                   they increased drastically. However, instead of changing medications,  
21                   Dr. Gandy again raised the dose to 3 MGs of Respirdal per day. I was  
22                   unable to sleep this whole 3 weeks. My motions (rocking, tongue  
23                   movements, etc.) were out of control.

24                   **1. Physical Damages – Visible**

25                   Finally, at the end of 3 weeks, Dr. Gandy changed my  
26                   medication. However, by that time, it was too late. **Tardive**  
27                   **dyskinesia** was now a permanent disability that has never been  
28                   brought under control for the past 13 years. It is unlikely

1 anything can be done now. Currently, I am on Lorazepam 1/2 MGs  
2 a day. This is all of the medication I can tolerate. Any more of  
3 Lorazepam and I can not function at all.

4 For ten years, I had not slept more than 2-3 hours a day. I could  
5 not and still cannot relax enough to sleep. I have to go until I  
6 literally crash. This means it does me no good to go to bed  
7 before 2-3 AM and I must get up at 7 AM the same morning. For  
8 me, it is quite a feat as I usually get only 2-3 hours sleep a night.  
9 To put a dollar amount on this brain damage is difficult to do,  
10 especially for someone who was only 49 years old and have to  
11 live with this for the rest of my life (The longest anyone has lived  
12 in my family is to age 86.) The stress of this condition is very  
13 hard on the mind, psyche, and other organs like the heart. My  
14 blood pressure has been raised significantly, and I must now be  
15 on blood pressure medications. The medical costs for the lifetime  
16 of dealing with **Tardive dyskinesia** will be extremely high. At  
17 the moment, I have health insurance to help. However, this will  
18 soon end.

19 **2. Social Damages – Visible and Invisible**

20 The social consequences of **Tardive dyskinesia** cannot be  
21 quantified. People are often very nervous around people with this  
22 condition. Many people stay away from me thinking something  
23 serious is wrong with me and that I am not safe to be around. I  
24 often have to spend much time explaining to people what is  
25 wrong. When I encounter law enforcement, they immediately  
26 suspect drug abuse. Children, even in my own family, shy away  
27 from me because of the constant movements that they do not  
28 understand. It scares them.

1                   **D. Improper treatment**

2                   Because of the total disregard for my Civil Rights and the need  
 3                   for a Sign Language Interpreter, a false diagnosis was given and  
 4                   therefore, the wrong medication, Risperdal, was given. The  
 5                   Defendants' total disregard for my medical care caused  
 6                   irreversible brain damage.

7                   Had the Defendants' given proper medical care and appropriate  
 8                   evaluation, I would never have been diagnosed with a disease I  
 9                   never had in the first place.

10                  However, The US Secret Service contracted Summit Pointe to  
 11                  diagnose me either as Mentally Ill or a Terrorist. This led to my  
 12                  being falsely diagnosed as being "Paranoid Schizophrenic" despite  
 13                  the evidence I tried to present to show the events were real.

14                  This improper treatment of the Plaintiff continues to this day.

15                  With most appointments having no interpreter, but I must go to  
 16                  get my medications.

17                   **ISSUE 5: FALSE/WRONGFUL IMPRISONMENT**

18                  A false/wrongful imprisonment charge requires 4 elements to be  
 19                  proven: 1) Intent; 2) Actual confinement in boundaries not of Plaintiff's  
 20                  choosing; 3) A causal link, and 4) Awareness of the detention  
 21                  (**Restatement (2<sup>nd</sup>) of Torts, Section 31**). "[t]he essence of false  
 22                  imprisonment is the intentional, unlawful, and unconsented restraint by  
 23                  one person of the physical liberty of another."

24                   **1. Intent**

25                  According to "Jason" of the US Secret Service, Summit Pointe  
 26                  had been contracted to find the Plaintiff either Mentally Insane or  
 27                  a Terrorist. Thus, the Defendant had a motive to restrain the  
 28                  Plaintiff. Without having a lawful ground to do so, an unlawful

1 means had to be used. In so doing, the doctor at Bronson  
2 hospital and Dr. Cupp forced the Plaintiff to sign a document  
3 under duress, which the Plaintiff was not allowed to read.  
4 Therefore, no legal consent was ever obtained to confine the  
5 Plaintiff to a mental hospital. The Defendants had an ulterior  
6 motive to their actions. The Plaintiff was never given a copy of  
7 the said document.

8 **2. Actual confinement in boundaries not of Plaintiff's  
9 choosing**

10 The Defendants confined the Plaintiff in the Defendant Mental  
11 Hospital from June 28,2006 for 20 days. This was done without  
12 the Plaintiff's Informed Consent. The Plaintiff was subjected to  
13 repeated threats and placed under duress for hours before he  
14 was taken to Fieldstone Center. Each of the people involved in  
15 the incidents at the main hospital was later found employed by  
16 Fieldstone Center as male nurses and other staff.

17 **3. A causal link**

18 The link between the events leading up to the stay in Fieldstone  
19 Center was meant to ensure Dr. Gandy had reason to believe the  
20 Plaintiff was mentally ill and having a mental breakdown. The  
21 Defendants had multiple people involved to ensure that there  
22 were enough "witnesses" to the events to make the scheme  
23 plausible for the doctor to make a decision. Even if there were  
24 hundreds of "witnesses," false testimony is still wrong.

25 The entire scheme is built upon the doctrine of Plausible  
26 deniability" so often used by the federal government to weasel its  
27 way out of hard cases. It claims that the federal government  
28 won't do such things against its own citizens. Just look at what

1 was done to Candidate Donald J. Trump and the Russian Dossier.  
2 He is a public citizen. Just think of what is being done to private  
3 citizens who have no access to high-priced lawyers to protect  
4 them, especially a Deaf person who cannot obtain a lawyer at  
5 any price. Believing such things don't happen in America is  
6 utterly foolish.

7 **4. Awareness of the confinement**

8 Plaintiff was aware of his detention but had no choice in the  
9 matter. There were too many people involved in the scheme to  
10 do anything about the events. Staff informed the Plaintiff that if  
11 he left, they would call the police and have him brought back.  
12 Why would they say that, if it was voluntary in the first place?  
13 The Plaintiff did attempt to show Dr. Gandy that the events the  
14 Plaintiff was describing were real. However, Dr. Gandy refused to  
15 look at the evidence or pay any attention to the Plaintiff's side of  
16 the story. Things were already decided.

17 The Plaintiff was told he was under a federal court order, by staff,  
18 to remain in the Defendant Mental Hospital and that he must  
19 undergo treatment for the mental illness for the rest of his life.  
20 It wasn't until May 6, 2019, that Dr. Gandy finally informed the  
21 Plaintiff that there was no federal court order involved. Each time  
22 the Plaintiff was forced into Summit Pointe under a false  
23 representation of a federal court order is still false imprisonment.  
24 The Plaintiff was being Subjected to false imprisonment each and  
25 every time the Plaintiff was misled into believing he had to  
26 appear or be forced back into the mental hospital again.  
27 The only reason to continue to see Dr. Gandy or anyone else is to  
28 get the medication to calm the effects of **Tardive Dyskinesia**.

1 **JUDGMENT SOUGHT:**

2 Plaintiff now requests the Court to grant review in favor of the Plaintiff  
 3 on the issues of Violations of the ADA, Section 504, and the Michigan Persons  
 4 with Disabilities Act 220. Also, the Plaintiff requests this Court to grant  
 5 review in favor of the Plaintiff on Violations of Medical Malpractice and  
 6 False/Unlawful Imprisonment. Plaintiff requests judgment against each and  
 7 every Defendant named herein.

8 Plaintiff acknowledges that although the following amounts are the  
 9 maximum allowed for Civil Cases by Congress as of 2013, the District Judge  
 10 has the final say as to the fine(s) awarded in this case.

11 On the **ADA and Section 504 Issues**, the Plaintiff requests fines for  
 12 each of the 20 days the Plaintiff was held in the Defendant Mental Hospital,  
 13 Fieldstone Center (now DBA Bronson Behavioral Health Services) in the  
 14 maximum amount allowed currently as **\$150,000 (as 2013 and raised**  
 15 **7.1% per year thereafter) per day for a total of \$3,000,000**. This is  
 16 for each issue. Plus all Defendants must be denied Federal funds for 10  
 17 YEARS and until Defendants prove in this Court that they have resolved all  
 18 federal violations, especially regarding the Deaf and Hard of Hearing  
 19 Communities. The Defendants must prove they serve the Deaf and Hard of  
 20 Hearing Communities by free will involvement, not forced into their service.  
 21 Since State funds and Federal funds are commingled by the State of  
 22 Michigan, the Defendants cannot receive State funds as well so the  
 23 Defendants cannot go through the State of Michigan to receive Federal funds.  
 24 This is to include the training of all doctors and staff in dealing with the  
 25 Hearing Impaired and providing assistive and auxiliary aids and services for  
 26 the Hearing Impaired. They must also be trained in the Deaf and Hard of  
 27 Hearing Cultures and means of communication. Wherever a phone number is  
 28 listed, it must also contain the type of phone it refers to ("Voice," "TDD/TTY,"

1 "Videophone," "Text Only," or any other future technology the Deaf use to  
 2 communicate. Staff and doctors must always verify the type of phone  
 3 number and the correct number to contact. The Doctors and Staff must all be  
 4 trained and tested in the use of these technologies and how to use the Relay  
 5 System.

6 The US Social Security Administration must be notified that the filing of  
 7 the report by Dr. Brown in 2010, or thereabout, was based upon a "False  
 8 Diagnosis" and is repealed. All other filings of this "False Diagnosis" must be  
 9 abolished from the respective Federal/State agencies. This includes the  
 10 agency that forbids me to own a firearm for self-defense or even go to  
 11 friends who possess firearms. Copies of all documents must be sent to the  
 12 Plaintiff.

13 On the **Michigan Persons with Disabilities Act 220 Issue**, the  
 14 Plaintiff requests fines equal to the federal ADA and Section 504 Issues  
 15 above, since the State does not publish a limit on the penalties. Therefore,  
 16 the amount must be the same as for Issue 1 and 2 above (**\$3,000,000**),  
 17 State standards cannot be substandard to Federal Standards.

18 On the **Medical Malpractice Issue**, the Plaintiff requests fines for  
 19 each of the 4 points for \$280,000, the limit set by the Michigan Legislature.  
 20 However, this Federal Court is not bound by the State Legislature's value.  
 21 Therefore, Plaintiff requests **\$1,000,000 for each year the Plaintiff  
 22 suffered due to the negligent injury caused by the Defendants and  
 23 continuing for the life of the Plaintiff (estimated to age 86, but could  
 24 extend longer)**. The Defendants must pay for all treatments and  
 25 medications for the effects of **Tardive Dyskinesia (including but not  
 26 limited to high blood pressure and sleep assistance)** for the life of the  
 27 Plaintiff. These treatments must be through an independent medical  
 28 physician(s) determined by the Plaintiff's Primary Care Physician, Dr. Mark

1 Henry, Wattles Park Family Practice, Battle Creek, Michigan.

2       On the **False/Unlawful Imprisonment Issue**, the Plaintiff requests  
 3 fines for **\$3,000,000** for the 20-day Unlawful Imprisonment for forcing the  
 4 Plaintiff into the Mental Hospital under duress against the Defendant Bronson  
 5 Behavioral Health Services. For each of the appointments, the Plaintiff was  
 6 forced to attend under threat of being recommitted to Defendant Mental  
 7 Hospital for failure to appear at all dates set by Defendants Summit Pointe  
 8 and/or Summit Pointe South. These included weekly appointments with a  
 9 case manager for the years **2007 to 2010 (\$100,000 x 228 appts =**  
 10 **\$22,800,000) + (\$100,000 x 20 appts (2006) = 2,000,000) =**  
 11 **\$24,800,000** as well as monthly doctor dates with Drs. Rao or Brown **2006**  
 12 **(\$100,000 x 5 = \$500,000) + for years 2007-2010 (\$100,000 x 48 =**  
 13 **\$4,800,000) = \$5,300,000**. Quarterly meetings with PA Pujah for years  
 14 **2010 to 2012 (\$100,000 x 9 = \$900,000)**. For Quarterly appointments  
 15 with various doctors and Pas for the year **2013 (\$150,000 x 4 =**  
 16 **\$600,000)**. For the year **2014 (\$160,650 x 4 = \$642,600)**. For the year  
 17 **2015 (\$172,056.15 x 4 = \$688,224.60)**. For the year **2016**  
 18 **(\$184,272.14 x 4 = \$737,088.55)**. For the year **2017 (\$197,355.46 x 4**  
 19 **= \$789,421.83)**. For year **2018 (\$211,367.70 x 4 = \$845,470.78)**. For  
 20 the year **2019 (\$226,379.81 x 4 = \$905,499.23)**. Each year thereafter it  
 21 goes up 7.1%.

22       2006-2010 \$30,100,000

23       2010-2012 \$ 900,000

24       2013       \$ 600,000

25       2014       \$ 642,600

26       2015       \$ 688,224.60

27       2016       \$ 737,088.55

28       2017       \$ 789,421.83

1                   2018           \$ 845,470.78

2                   2019           \$ 905,499.23

3                   **\$36,208,304.99 for Defs. Summit Pointe & South only**

4                   Finally, the Plaintiff requests **Punitive Damages** against all  
 5 Defendants for the magnitude of the injuries and damages caused over the  
 6 years and for the continued suffering and harm to the Plaintiff's reputation  
 7 and standing in his family and communities.

8                   Issue 1           3,000,000

9                   Issue 2           3,000,000

10                  Issue 3           3,000,000

11                  Issue 4           7,680,508.29

12                  Issue 5           3,000,000

13                  **Subtotal           19,680,508.29**

14                  **Punitive (x3) \$59,041,524.87**

15                  **Total/Defendant \$78,722,033.16**

16                  The Plaintiff requests this June 2013 amount be raised by 7.1% per  
 17 year as allowed by Congress in 28 CFR Parts 36 and 85 Section 233.504. This  
 18 is **\$7,680,508.29** for years 2014-2019. For a **total of \$78,722,033.16** per  
 19 Defendant through 2019. As of **January 1, 2020 payment due is**  
 20 **\$1,616,316.09**. Each year after that for the life of the Plaintiff, each  
 21 Defendant must pay on January 1 the amount of the previous year plus the  
 22 amount of times 1.071 of that previous amount to give the total due for the  
 23 new year. This continues until the year, or part of the year, of the Plaintiff's  
 24 death.

25                  As for a **non-monetary judgment**, the Defendants must each prove  
 26 to this court and to the Plaintiff that all doctors and staff have been  
 27 appropriately trained in dealing with the Deaf and Hard of Hearing  
 28 communities in regards to their ADA, Section 504, and Michigan Persons with

1      Disabilities Rights. They must also be trained in the Culture and Belief  
2      systems of the Deaf and Hard of Hearing as to their proper diagnosis of  
3      Mental Illness or related mental disorders. The Defendants cannot depend  
4      upon the Hearing Culture and Belief Systems currently being used on the  
5      Deaf and Hard of Hearing. The Defendants and their doctors and staff must  
6      undergo basic communications training to communicate with the Deaf and  
7      Hard of Hearing until an interpreter can arrive. The VRI (Video Remote  
8      Interpreter) Service is inadequate as every time it has been used with the  
9      Plaintiff both the Interpreter and the Plaintiff could not understand each other  
10     because of poor connections and all-out drop of the link. The VRI System  
11     Bronson uses fails to meet the federal standard of "Qualified" Interpreters.  
12     Defendants must periodically give random tests of skills dealing with the Deaf  
13     and Hard of Hearing to all doctors and staff to include fundamental  
14     communication skills. These random tests must be shown to the Court and to  
15     the Plaintiff to prove compliance with this judgment.

16        Bronson Behavioral Health Services must also provide TTY,  
17        Videophones, and other technologies to the Deaf and Hard of Hearing  
18        patients in their care at all times and promptly (15 minutes or less from the  
19        time of the request.). The Defendants cannot restrict the Deaf and Hard of  
20        Hearing abilities to communicate with doctors, staff, and the outside world.

21        It is deemed Medical Malpractice for a doctor to meet with a Deaf  
22        patient without an Interpreter present. Only in the emergency room or under  
23        emergency conditions can it be allowed. Then the VRI Service is permitted  
24        until a live Interpreter can arrive at the location. The Interpreter must be  
25        notified immediately and on the way to the site.

26        No Doctor or Staff may deny medical care to a Hearing Impaired  
27        person to bypass the requirement to provide assistive listening devices or  
28        any service the Hearing Impaired need to use.

1        No Doctor or Staff may require the Hearing Impaired to bring their own  
2        Interpreter or have a family member/friend/companion who signs to stand in  
3        as an Interpreter to avoid providing one for the patient or companion. This  
4        violates State Law, which requires all Interpreters to be certified by the  
5        State. Denying service under this requirement is deemed Medical  
6        Malpractice. It is failing to meet the standard of proper communication.

7        No documents can be accepted without a Sign Language Interpreter,  
8 and the opportunity to have one is made. The Deaf and Hard of Hearing must  
9 be given written notice that they have the right to a Sign Language  
10 Interpreter and/or assistive listening devices before seeing doctors and/or  
11 staff. Michigan State laws regarding VRI Service and the Rights of the Deaf  
12 and Hard of Hearing must be provided to each Deaf and Hard of Hearing  
13 patient in writing (Basic English since many Deaf cannot read English well. It  
14 is a foreign language to the Deaf).

15 Sign Language is based on concepts, not words as in English. There is  
16 no written form of ASL. The Interpreter must take English and change into  
17 concepts the Deaf can understand with limitations. The Interpreter takes the  
18 Sign concepts and puts them into words that can only approximate the  
19 meaning of the Sign. The two languages do not meet as well as two voice  
20 languages because they have nothing in common.

## **REPORTING and MONITORING**

22        **Patient Feedback**, the Defendants, will develop a form to collect  
23 feedback from Patients and Companions regarding the provision of auxiliary  
24 aids and services. Such a structure will assess Patient and Companion  
25 satisfaction with the quality of the auxiliary aids and services provided, the  
26 effectiveness of communication with Defendants' doctors and staff, and  
27 response times.

1                   **Compliance Reports** Beginning three months after the effective date  
2 of this judgment and every six months after that for the entire time of the  
3 Defendants' operation will provide a written report ("Compliance Report") to  
4 the Court's Office and the Plaintiff regarding the status of its compliance with  
5 this Judgment. The Compliance Report will include data relevant to the  
6 judgment, including, but not limited to:

- 7                   a. the number of requests for qualified sign language interpreters  
8 received by the Defendants from Patients and Companions;
- 9                   b. the number of times a qualified sign language interpreter was  
10 provided by the Defendants;
- 11                   c. the number of times the Defendants denied a request for a qualified  
12 sign language interpreter and the reason for each denial;
- 13                   d. the number of times the Defendants chose to provide video  
14 interpreting services rather than a qualified sign language interpreter in  
15 response to a request for a qualified sign language interpreter. Give the  
16 reason and all steps taken to secure a qualified interpreter (including who,  
17 contact information, when was the service for and when the service was  
18 requested, reason service could not provide one, and all other pertinent  
19 details about the request);
- 20                   e. the number of times a request for a qualified sign language  
21 interpreter was accepted by the Defendants, but the interpreter failed to  
22 appear, and the reasons for the failure (who was the interpreter and contact  
23 information);
- 24                   f. the date and the time a qualified sign language interpreter was  
25 requested by a Patient or Companion, the date and time the interpreter  
26 arrived, and the date and time the interpreter actually began interpreting for  
27 such Patient or Companion;

1                   g. an explanation of the reasons for the delays in obtaining qualified  
2 sign language interpreters in those cases where the response times failed to  
3 comply with the time frames of reasonable due process;

4                   h. the number of redeterminations performed

5                   **Redetermination, the Defendants,** shall reassess its  
6 determination of which appropriate auxiliary aids and services are  
7 necessary, in consultation with the Patient or Companion, when a  
8 Patient or Companion indicates that communication has not been  
9 effective. The Defendants will document any instances where Patients  
10 or Companions report that the auxiliary aids and services provided by  
11 the Defendants failed to ensure effective communication. The  
12 Defendants will record any redeterminations and the results of any  
13 redeterminations. And the consequences of these redeterminations;  
14 These reports will be filed with the Court and the Plaintiff.

15                   i. the number of complaints received by the Defendants from Patients  
16 and Companions regarding auxiliary aids and services and/or effective  
17 communication, and the resolution of such charges including any supporting  
18 documents;

19                   j. Documentation of compliance with all of the training and technology  
20 provisions of this Judgment;

21                   k. Defendants must call via Relay, notifying the Relay of the type of  
22 phone the Deaf or Hard of Hearing uses. No automated calls to the Hearing  
23 Impaired or prerecorded messages are allowed. The Defendants must use a  
24 live person to communicate with the Hearing Impaired.

25                   l. Copies of all feedback forms referenced; and

26                   M. Copies of all logs.

27                   **Records** the Defendants will maintain appropriate records to  
28 document the information contained in the Compliance Reports and will make

1 them available, upon request, to the Plaintiff, as allowed by state and federal  
2 law.

3 Finally, the Plaintiff requests that he be declared mentally sane without  
4 Paranoid Schizophrenia and not a Terrorist. The Plaintiff also seeks the  
5 protection of himself and all assets from all Federal and State/Local agencies  
6 who may now try to kidnap or steal the Plaintiff's assets or technologies  
7 under the color of the FISA Laws or FISA Court Orders. The Plaintiff also  
8 requests orders to block any attempt to wiretap phones or internet  
9 connections (including blocking internet service) or email addresses or any  
10 other electronic surveillance methods, including his home and vehicle.

11 The Plaintiff must be free and safe to develop his technologies without  
12 Federal, State, or Local interference or threat.

13 **CERTIFICATION:**

14 Certification and Closing Under Federal Rule of Civil Procedure 11, by  
15 signing below, I certify to the best of my knowledge, information, and belief  
16 that this complaint: (1) is not being presented for an improper purpose, such  
17 as to harass, cause unnecessary delay, or needlessly increase the cost of  
18 litigation; (2) is supported by existing law or by a nonfrivolous argument for  
19 extending, modifying, or reversing existing law; (3) the factual contentions  
20 have evidentiary support or, if specifically so identified, will likely have  
21 evidentiary support after a reasonable opportunity for further investigation or  
22 discovery; and (4) the complaint otherwise complies with the requirements of  
23 Rule 11.

24 **For Parties Without an Attorney:**

25 I agree to provide the Clerk's Office with any changes to my address  
26 where case-related papers may be served. I understand that my failure to  
27 keep a current address on file with the Clerk's Office may result in the  
28 dismissal of my case.

1 Signed,  
2  
3



4 Dated: 6-12-19

5 Don R. Budd, In Pro Se  
6 100 Minges Creek Place, Apt F-111  
7 Battle Creek, MI 49015-4285  
8 TTY Only (269) 979-8516  
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